



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 9 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055245 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 4 1 0 5 9 3 6 4 7**Full Name:** ANGADI KRUSHNA SATLINGAPPA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BASUESHWAR COLONY ,UCHGAON ,KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** krishnaangadi001@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



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Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058248 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 9 8 2 4 7 1 5 3**Full Name:** APATE DIGVIJAY KISHOR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** BHOI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2672 B WARD MANAGALWAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** apate.digvijay.k@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4	1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC
1/2 88368 MARATHI - II DSC-A13 Cr. 4	1/2 88380 HISTORY II DSC-B15 Cr. 4
1/2 88382 ECONOMICS II DSC-B17 Cr. 4	1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4
1/2 89349 Constitution of India and Local self Government Cr. 2	

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To,

Form No. : **4 3 4 5 2 9 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055249 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 2 7 6 4 8 0 1 3 3**Full Name:** ASODE ABHANG SACHIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAIN ROAD TISARA BUS STOP , VIKRAM NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** abhangsasode2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

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Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055252 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 1 1 3 5 7 0**Full Name:** ATTAR AMAN RASHID**Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

PRAGATI NAGAR , PACHGAON , KOLHAPUR

City KOLHAPUR**PIN Code:** 416312**Email ID:** amanrattar2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4	1/1 75229 Sociology-I DSC-B2 Cr. 4
1/1 75231 Political Science - I DSC-B4 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88371 HINDI- II DSC- A14 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 202305256 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 8 4 7 4 1 2 3**Full Name:** BAGWAN MOHAMMADUMER ASLAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2288 C WARD NEAR GUNE HOSPITAL , SHANIVAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** umerbagwan2328@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75220 English-I DSC-A3 Cr. 4	1/1 75228 History - I DSC-B1 Cr. 4
1/1 75229 Sociology-I DSC-B2 Cr. 4	1/1 75230 Economics -I DSC-B3 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88372 ENGLISH - II DSC-A15 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4
1/2 88382 ECONOMICS II DSC-B17 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055259 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 4 2 1 0 7 2 5 1 1**Full Name:** BAIG AAYAN ARSHAD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

623 B WARD JAWARHAR NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** aayanabaig2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055262 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 5 1 1 8 9 6 9**Full Name:** BATUNGE KARAN JAGDISH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SAI NAGAR ,KANERIWADI ,KOLHAPUR

City KANERIWADI**PIN Code:** 416234**Email ID:** karanbatunge256@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

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PRN: 2023055264 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 3 8 7 2 5 8 6**Full Name:** BAUSKAR SAHIL DHANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BALAJI NAGAR ,KANERIWADI ,KOLHAPUR

City KANERIWADI**PIN Code:** 416234**Email ID:** sahilbauskar2004@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88372 ENGLISH - II DSC-A15 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

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PRN: 2023055266 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 8 8 2 4 9 5 3 6**Full Name:** **BENAKE MAHESH GOVIND****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BENAKE GALLI, VADAGAON , KOLHAPUR

City VADGAON**PIN Code:** 416207**Email ID:** maheshbenake578@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4 | 1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

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PRN: 202305268 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 8 7 6 5 1 2 4**Full Name:** BEVINKATTI HARSH BHARAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

609 FLAT NO G2 HILAGEBOL SHANIWAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** hbevinkatti@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88380 HISTORY II DSC-B15 Cr. 4
1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

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Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058260 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 7 4 4 8 1 0 3 3 5**Full Name:** BHANDAVALE AVINASH ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHAVADI GALLI, NANDGAON , KOLHAPUR

City NANDGAON**PIN Code:** 416207**Email ID:** avinashbandavale2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88382 ECONOMICS II DSC-B17 Cr. 4	1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4
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PRN: 2023055274 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 0 6 7 5 6 7 7**Full Name:** BHANDIGARE AAYUSH YOGESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

30 LAY OUT NO 2 JARAG NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** bhandigareayush3@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

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Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058264 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 7 8 8 6 3 3 2 6 4**Full Name:** BHAVAD SATEJ SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE**Correspondence Address:**

kalamba

City kalamba**PIN Code:** 41607**Email ID:** satejsbhavad2004ba@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75208 Marathi CGE-1 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75220 English-I DSC-A3 Cr. 4
1/1 75230 Economics -I DSC-B3 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88372 ENGLISH - II DSC-A15 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 9 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058267 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 2 7 1 9 1 5 0**Full Name:** BHORE ABHISHEK UTTAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI 2ND LANE , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** abhibhore3112@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 1 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055376 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 9 9 1 5 8 9 5 0**Full Name:** BOTE PRITHVIRAJ ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P APPACHIWADI , NIPPANI , BELGAUM

City APPACHIWADI**PIN Code:** 591241**Email ID:** prithvirajbote@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 9 0 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058353 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 8 8 3 7 4 9 5 0**Full Name:** CHANNI OMKAR ISHWAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

shukrawar peth

City kolhapur**PIN Code:** 416002**Email ID:** okarichannai1990@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 2 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055378 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 4 6 7 1 5 5 7 2**Full Name:** CHAVAN KARAN SARJERAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHUYE ,KOLHAPUR

City CHUYE**PIN Code:** 416207**Email ID:** karanchavan7135@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 2 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055381 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 3 7 4 3 4 6**Full Name:** CHAVAN KEDAR KISHOR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 160 KRUSHNA -KRUSHANAI COLONY , ISOLATION ROAD, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** kedarchavan0905@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 2 8 8 9 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2022025482 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 8 7 8 0 5 3 2**Full Name:** CHAVAN ROHAN SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SANGWADE WADI, KOLHAPUR

City SANGWADE WADI**PIN Code:** 416202**Email ID:** chavanrohan09334@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 2 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055382 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 4 6 2 5 5 0 4 9**Full Name:** CHAVAN SHRITEJ SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO.10 ,MATHURA NAGARI ,SHREE LOWN AAPATE NAGAR ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416011**Email ID:** chavanshritej021@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 2 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055383 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 2 9 7 0 5 1 5**Full Name:** CHAVAN SIDDHARTH RAJ**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** LAMANI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

LAXMI COLONY , TEMBLAWADI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** siddharthchavan@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 3 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055384 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 6 6 3 5 2 0 2 0**Full Name:** CHAVAN SUNNY SUDHAKAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SWAPANPURTI PARK ,PACHGAON ,KOLHAPUR

City PACHGAON**PIN Code:** 416013**Email ID:** sunnychavan989@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055386 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 6 6 6 6 5 5 3 7**Full Name:** CHAVAN VAIBHAV MARUTI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMRUT NAGAR

City PACHGAON**PIN Code:** 416013**Email ID:** vaibhavchavan0078@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 3 5 5 1 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055387 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 9 2 3 1 6 1 4**Full Name:** CHAWAN SAIRAJ BHIMRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DAVARI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

970G/ 1A omkar apartments

City 6th lane shahupuri**PIN Code:** 416001**Email ID:** sc9771144@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055390 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 1 8 0 1 7 3 6**Full Name:** CHOUGALE DATTATRAY PANDURANG**Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

JARAG NAGAR PLOT NO 49 , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** chouguledatta7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 5 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055392 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 3 4 2 3 4 1 0**Full Name:** CHOUGALE HARSHAD NIVRUTTI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SALOKHE GALLI , KALAMABA, KOLHAPUR

City KALAMBA**PIN Code:** 416007**Email ID:** chougalenivrutti540@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 8 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055394 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 2 9 5 3 2 9**Full Name:** CHOUGULE KEDARI BALAVANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 3 E WARD PADALKAR COLONY ,KASABA BAWADA, KOLHAPUR

City KOLHAPUR**PIN Code:** 416006**Email ID:** kedariבחougule95@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 8 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055396 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 5 7 3 6 5 7 7 9**Full Name:** CHOUGULE SOURABH SUBHASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PIMPAL GAON , KHARAD , KOLHAPUR

City KHARAD**PIN Code:** 416206**Email ID:** chougulesourabh2020@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 9 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055397 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 5 6 9 9 7 6 8 6**Full Name:** DABADE PRASAD SAGAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAGDUM COLONY , PACHGAON , KOLHAPUR

City PACHGAON**PIN Code:** 416012**Email ID:** prasaddabade4@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 4 0 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055398 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 8 0 5 6 4 0 3 7**Full Name:** DANGAT PRANAV SHAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

LAADSHWAK ,SHIVAJI PETH ,KOLHAPUR

City GADMUDSHINGI**PIN Code:** 416002**Email ID:** pranavsdangat2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 4 1 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055399 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 9 5 6 9 5 8 5 1 1**Full Name:** DANGE PRAVIN PARSU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHADEV KOLI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GADMUDSHINGH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416119**Email ID:** pravinpdange2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4	1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC
1/2 88368 MARATHI - II DSC-A13 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4
1/2 89349 Constitution of India and Local self Government Cr. 2	

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 9 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058365 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 2 1 1 5 8 4 0 3**Full Name:** DAWALE NARESH CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DOMBARI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YADAV NAGAR ,MAIN ROAD ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** naresh1@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 7 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058375 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 8 5 0 3 7 3 3 3 9**Full Name:** DEVGAD PRAVIN VINOD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD 608 SALOKHE PARK , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** pravindevgad@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 3 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058398 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 7 0 4 6 8 8 9 8****Full Name:** **DHANG MAYUR ARVIND****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

114/15 SAGARMAL SHASTRI NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** mayurdhang9734@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 3 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058403 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 1 0 3 5 8 7 6**Full Name:** DHARMRAKSHI KRANTISURYA SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SARVADE , KOLHAPUR

City SARVADE**PIN Code:** 416212**Email ID:** krantisuryadharmrakshi2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 4 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058410 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 5 7 8 5 8 2 9**Full Name:** DHAVAN TEJAS SANTOSH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

788/2 , 18 B WARD , JARAG NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** tejassdhavan2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 4 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058413 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 0 7 2 0 8 7**Full Name:** **DHAVSE AKSHAY RAJU****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Conversion to Bud **Physical Disability** NOT APPLICABLE**Correspondence Address:**

HINGOLI ,BORJA

City KOLHAPUR**PIN Code:** 431513**Email ID:** akshayrdhavse2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,		Form No. : 4 3 2 8 7 5 0	
The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR			
Sir,I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.			
PRN: 2022012249		College: Gopal Krishna Ghokhale College,Kolhapur. , KOLHAPUR	
Personal Information :		Mobile NO : 8 3 0 8 5 6 7 9 1 7	
Full Name: DIVEKAR AKSHAY VINAYAK			
Write Name in Devanagari (Marathi): _____			
Gender: Male	Religion: HINDU	Cast: Maratha	Physical Disability NOT APPLICABLE
Correspondence Address:			
A/P MHASARAANG,DIVEKAR LANE,BHUDARGAD,KOLHAPUR			
City A/P MHASARAANG	PIN Code: 416210	Email ID: AKSHAY02DIVEKAR@GMAIL.COM	
Study Center: N.A.			
Fees Details:		Total Fee ₹: 0 (Uni.Fee. 0)	
SEM II)			
Subject Details :			
1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4			
Optional Subjects:			
Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.			
Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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Form No. : **4 3 4 5 6 5 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058415 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 5 6 3 5 7 8 7**Full Name:** DURGULE SAMARTHRAJ RANJEET**Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

GOKUL SHRIGAON , KOLHAPUR

City GOKUL SHRIGAON**PIN Code:** 416234**Email ID:** samarthrajrdurgule2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88382 ECONOMICS II DSC-B17 Cr. 4	1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 5 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058419 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 9 5 9 5 1 6 5 2**Full Name:** EKSHINGE TEJAS SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ADSUL FALLI ,NIGAVE DUMALA ,KOLLHAPUR

City KOLHAPUR**PIN Code:** 416229**Email ID:** tejasekshinge27@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 6 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058425 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 6 8 0 8 7 8 3 5**Full Name:** GADAGADE PRATHMESH PADMAKAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

I/3, MAIN ROAD ,JAWAHAR NAGAR ,NEAR JAWAHAR HIGH SCHOOL, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** prathmeshpgadagade2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 9 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058445 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 8 8 0 8 9 9 5**Full Name:** GADGIL PRANAV PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DAVANG GALLI, PACHGAON , KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** pranavgadgil2@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 7 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058448 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 6 6 3 4 0 2 1 8**Full Name:** GAIKWAD ASHISH RAJARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TEKWAD ,06 NO. , TISANGI , GAGAN BAWDA

City GAGAN BAWDA**PIN Code:** 416206**Email ID:** tamgoan@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 0 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058451 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 6 5 2 8 4 2 4 6**Full Name:** GAIKWAD SURAJ DATTATRAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GANESH COLONY ,UCHGAON ,KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** surajsugaikwad@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 8 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058466 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 5 9 3 0 0 4 1 7**Full Name:** GAVADE ATHARV SIDDHARTHA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2821 B WARD MANDIK VASAHAAT ,MANGALWAR PETH ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** atharvsgavade2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 3 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058472 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 3 4 3 5 4 0**Full Name:** GAVAS SHUBHAM NAMDEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SINDHUNAGARI ,GAJANA MAHARAJ ,NAGAR ,MANGALWAR PETH,KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** shubhamngavas2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4 | 1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4 | 1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 8 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058476 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 1 8 5 8 2 8 2**Full Name:** GENJAGE NISHANT PRALHAD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Holar**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P MAIN ROAD ,NIGAVE DUMALA ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416229**Email ID:** nishantpgenjage1998@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 6 0 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058483 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 2 5 3 7 5 7 7 9****Full Name:** **GHATAGE DASHRATH DILIP****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KARNUR

City KARNUR**PIN Code:** 416216**Email ID:** sushantghatage1255@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 9 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058492 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 9 7 0 8 5 1 7 7 5**Full Name:** GHATAGE SAHIL DILIP**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GHATAGE MALL ,KARNUR,KAGAL

City KOLHAPUR**PIN Code:** 416216**Email ID:** sahilghatage7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 0 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058496 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 2 9 8 3 2 2 1 1**Full Name:** GHODGALKAR APPURAJ TUKARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

178 SHIKSHOK COLONY ,PACHGAON

City KOLHAPUR**PIN Code:** 416013**Email ID:** appurajtghodgalkar2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 0 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058500 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 2 2 5 4 3 1**Full Name:** GODASE RAJASHREE RAMA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAGAL ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416216**Email ID:** godserajashri46@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 2 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058504 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 5 4 5 2 0 9**Full Name:** GORE JOTIBA GANGARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

kolhapur

City kolhapur**PIN Code:** 416005**Email ID:** jotibagore03@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 2 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058508 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 1 0 0 6 9 1 3 6**Full Name:** GURAV GAJANAN JAGANNATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

OMKAR NAGAR ,PACHGAON ,KOLHAPUR

City PACHGAON**PIN Code:** 441204**Email ID:** guravgajanan921@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 2 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058514 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 5 7 7 9 5 2 3**Full Name:** GURAV ROHAN ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GURAV**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TEMBLAIWADI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** guravrohan46@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 6 0 8 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058523 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 8 4 6 5 2 5 4**Full Name:** GURAV SATYAJIT SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISPURLI

City ISPURLI**PIN Code:** 416207**Email ID:** satyajitgurav2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 3 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058531 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 2 0 9 2 1 0 0 6 5**Full Name:** HEGADE SHUBHAM SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KALAMBA ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** shubhamhegade@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 5 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058551 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 6 6 6 2 4 9 2 4**Full Name:** JADHAV GOURAV SANTOSH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SALONKE PARK , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** gouravsjadhav2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 6 0 9 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058557 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 8 8 8 8 1 5 5 4**Full Name:** JADHAV OM RANJIT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KALAMBA HADKO COLONY 153

City KOLHAPUR**PIN Code:** 416006**Email ID:** omjadhav1554@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 4 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058568 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 8 2 3 0 9 0 2 9 3**Full Name:** JADHAV SUJAL SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

845 B WARD MIRAJE GALLI , KALAMBA ROAD , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** sujalsjadhav2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 5 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058577 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 9 1 0 2 0 5**Full Name:** JADHAV SUSHANT DIPAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

608 B WARD SALOKHE PARK , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** sushantdadhav205@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 5 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058582 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 7 3 9 4 7 6 7**Full Name:** JAGDALE SHUBHAM HANUMANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHANDRAI NAGAR ,KANDALGAON ,SOLHAPUR

City SOLHAPUR**PIN Code:** 416013**Email ID:** shubhamjagdale29@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 2 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058586 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 9 8 3 6 8 7 0 3**Full Name:** JAINAPURE YUSUF MAHAMAD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YADAV NAGAR PLOT NO 156 E WARD , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** jainapuresakih@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 6 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058589 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 0 7 2 4 7 3 4**Full Name:** JAMDAR DIGVIJAY DHANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISPURLI , KOLHAPUR

City ISPURLI**PIN Code:** 416207**Email ID:** digvijayjamdar18@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4	1/1 75228 History - I DSC-B1 Cr. 4
1/1 75231 Political Science - I DSC-B4 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88371 HINDI- II DSC- A14 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 8 3 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055403 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 0 8 6 6 5 2 5 3**Full Name:** KACHARE GANESH SAMBHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

FULEWADI, RING ROAD, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** GKACHARE41@GMAIL.COM**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 8 8 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055408 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 4 5 0 9 9 5 5 3**Full Name:** KADAM PRATHAMESH DIPAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANDALGAON , NEAR BY AMBABA MANDIR, KOLHAPUR

City KANDALGAON**PIN Code:** 416013**Email ID:** pratukadam0905@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 5 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055410 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 5 9 4 6 6 9 0**Full Name:** KAKADE HARSHVARDHAN AANANDA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VASANT CHAVAN DAULTHANAGAR ,RAJARAMPURI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416001**Email ID:** harshvarkakade7@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 2 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058599 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 9 7 2 8 9 4 3 8 9**Full Name:** KALE DEEPAK ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHANTI NAGAR ,UCHGAON PURVA, KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** deepakkale3508@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 6 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055411 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 7 2 4 2 1 1**Full Name:** KALE GANESH SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** PHASE-PARADHI **Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHANTINAGAR, UCHAGAON , EAST , KOLHAPUR

City UCHAGAON**PIN Code:** 416005**Email ID:** ganeshskale2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 6 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055412 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 8 6 9 8 5 8 6**Full Name:** KAMAT RAHUL IRAPPA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI 13TH LANE, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** rahulkamat749@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4 | 1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4 | 1/1 75228 History - I DSC-B1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4 | 1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4 | 1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 0 1 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055416 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 9 0 5 5 0 4 9 0**Full Name:** KAMBALE TUSHAR DIPAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMBEDKAR CHOWK, PACHGAON, R.K. NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** tusharkamble8413@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 6 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055417 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 3 0 7 3 5 9 6**Full Name:** KAMBLE ANIRUDHA PANDURANG**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HARIJANWADA, SIDDHANESLI, KOLHAPUR

City SIDDHANESHI**PIN Code:** 416232**Email ID:** aniruddha0118@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 7 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055418 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 3 7 8 8 0 4 0 2**Full Name:** KAMBLE GAURAV SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P CHUYE, KOLHAPUR

City CHUYE**PIN Code:** 416207**Email ID:** kamblegaurav0402@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 7 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055420 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 7 9 5 8 9 5 7**Full Name:** KAMBLE NAVRANG BHIMARAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMBEDKAR CHOWK, GADMUDSHINGI, KOLHAPUR

City GADMUDSHING**PIN Code:** 416119**Email ID:** navrangbkamble2004@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 7 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055422 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 7 6 0 3 9 5 2 0**Full Name:** KAMBLE ONKAR NITIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO.20/2, KALAMBA, KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** ok4657193@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 8 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055423 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 1 8 5 0 1 6 5**Full Name:** KAMBLE PRATHMESH SHAHAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAMKRISHNA NAGAR, KARNUR

City KARNUR**PIN Code:** 416216**Email ID:** kambleprathmesh202@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 8 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055424 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 9 0 1 9 2 3 4**Full Name:** KAMBLE PRATIK DASHRATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NANA PATIL NAGAR, ARUN SARNAIK COLONY, KOLHAPUR

City KOLHAPUR**PIN Code:** 416003**Email ID:** pratik.d.kamble144@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 6 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055427 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 5 7 3 3 7 6 1 5**Full Name:** KAMBLE PREM SATISH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

balaji nagar

City kaneriwadi**PIN Code:** 416234**Email ID:** premkamble5444@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 9 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055430 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 7 8 5 8 4 2 6**Full Name:** KAMBLE SANGRAM POPAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AMBEDKAR CHOUK, PACHGOAN, KOLHAPUR

City PACHGOAN**PIN Code:** 416013**Email ID:** sangramkamble79110@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 9 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058603 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 2 1 8 5 8 8 3 6**Full Name:** KAMBLE SAURABH PINTU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHENDUR ,KAGAL, KOLHAPUR

City KOLHAPUR**PIN Code:** 416232**Email ID:** saurabhkamble70001@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75230 Economics -I DSC-B3 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88382 ECONOMICS II DSC-B17 Cr. 4	1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 1 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058607 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 6 1 9 5 3 9 2 5**Full Name:** KAMBLE SHUBHAM DEEPAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BOLWAD ,SANGLI

City SANGLI**PIN Code:** 416410**Email ID:** shubhamdkamble2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75228 History - I DSC-B1 Cr. 4
1/1 75230 Economics -I DSC-B3 Cr. 4	1/1 75236 Psychology -I DSC-B6 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 0 1 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055432 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 2 4 6 8 3 3 6**Full Name:** KASABE PRUTHVIRAJ SACHIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SALLOKHE PARK 608'B' WARD BHARAT NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** pruthvirajkasabe32@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 0 2 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055435 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 7 6 3 6 0 3 5 8 2**Full Name:** KAWALE SHRIYASH MAHESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1262 E WARD , RAJARAMPURI 3 RD GALLI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** shriyashmkawale2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 0 2 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055437 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 5 2 5 0 5 6**Full Name:** **KHADE RAJESH VIJAY****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KHADE GALLI, A/P JATHARWADI

City JATHARWADI**PIN Code:** 416122**Email ID:** rajeshkhade00@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75220 English-I DSC-A3 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 1 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058610 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 2 6 0 5 9 9 5**Full Name:** **KHAMBE SWARUP RAHUL****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

623/A , JAWAHARA NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** swarupkhambe2403@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 3 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058614 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 3 0 4 4 1 7 9 4**Full Name:** KHANDARE SHUBHAM RAJU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHOR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR NAGR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** shubhamkhandare7897@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 0 4 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055439 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 7 2 4 1 8 1 2**Full Name:** KHARADE SWAPNIL PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AT VADDWADI, DINDNERLI, KOLHAPUR

City VADDVADI**PIN Code:** 416207**Email ID:** swapnilkharade441@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 4 2 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055443 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 4 0 4 8 4 6 0 9 0****Full Name:** **KHOT RAJ CHANDRAKANT****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** Buddhist**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

769 'A' WARD , TIMBER MARKET , SHIVAJI PETH, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** rajkhot1114@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 9 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058615 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 9 9 8 2 8 2**Full Name:** KHOT RUTURAJ VIJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P RANDEVIWADI ,KAGAL, KOLHAPUR

City KOLHAPUR**PIN Code:** 416203**Email ID:** ruturajkhot05@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 4 2 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055445 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 4 5 0 6 5 1 7 2**Full Name:** KHOT SAGAR SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JULEWADI , SHAHUWADI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416215**Email ID:** khot04599@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 5 0 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055446 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 9 6 8 1 9 1 8 2**Full Name:** KOLI PRASHANT RAJARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KOLI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHUYE , KOLHAPUR

City CHUYE**PIN Code:** 416207**Email ID:** prashantrkoli2002@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 1 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058618 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 4 6 5 4 5 2 9 8**Full Name:** KONDEKAR MAYURESH BAJIRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

hanuman TALIM , GIRGAON , KOLHAPUR

City GIRGAON**PIN Code:** 416013**Email ID:** kondekarmayuresh@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 8 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058621 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 0 9 0 1 6 8 4 2**Full Name:** KONDVILKAR GOURAV RAVINDRA**Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

89 B WARD SUBHASH NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** gouravkondvilkar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 5 0 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055447 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 5 0 4 9 5 2 8**Full Name:** KORAVI PURUSHOTTAM MAHADEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Korvi**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VAGHUDEV SANAT MARATHA CHOUK, GADMUDSHING

City GADMUDSHINGI**PIN Code:** 416119**Email ID:** purushottamkoravi@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 5 1 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055448 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 7 6 2 6 1 3 0 5**Full Name:** KOTKAR RAJ BHIMRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GAVALI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DEVARDE, VESERDE, BHUDARGUD, KOLHAPUR

City BHUDARGUD**PIN Code:** 416209**Email ID:** rajkotkar1909@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 5 7 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055449 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 2 8 4 6 9 3 8 3 2**Full Name:** KUMBHAR RUTVIK TANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/T NAGAON, KOLHAPUR

City NAGAON**PIN Code:** 416122**Email ID:** kumbharrutvik30@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 5 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055450 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 1 5 6 1 7 1 3 5 3****Full Name:** **KURIL SURAJ UDAYBHAN****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GAJBAR MALA , SARNOBATWADI, KOLHAPUR

City SARNOBATWADI**PIN Code:** 416004**Email ID:** surajkuril731@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 5 9 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055451 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 8 8 6 6 5 9 4 4**Full Name:** LADAGE YASHRAJ SANDIP**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

REDEKAR GALLI, UCHGAON, KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** yashrajladage@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 5 9 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055453 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 3 0 5 5 3 3 6 1**Full Name:** LAKHE VEER PARSHURAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DOMBARI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YADAV NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** vilen.veer09@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 0 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055456 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 6 8 5 1 5 2 2 4**Full Name:** LOKARE OMKAR SACHIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

90 B WARD SUBHAHA ROAD , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** omkarslokare@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 1 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055457 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 9 9 9 6 9 7**Full Name:** LOKHANDE RONIT ARVIND**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MATANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI 3 TH LANE , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** ronit035@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4 | 1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4 | 1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4 | 1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 1 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055458 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 0 6 8 3 8 6 3**Full Name:** LONDHE ANIKET SACHIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

BHIRAVNATH GALLI , MOREWADI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** aniketlondhe030@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 1 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055459 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 5 6 7 8 0 6 9 7****Full Name:** **LONKAR SARANG ASHOKRAO****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJE SAMBHAJI COLONY , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** sarangalonkar2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 2 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055461 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 9 9 7 0 6 6 5 9**Full Name:** MAHAJAN SAHIL MOHAN**Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

AP MAHAKVE, KAGAL, KOLHAPUR

City KOLHAPUR**PIN Code:** 416216**Email ID:** sahil2542005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75208 Marathi CGE-1 Cr. 4
1/1 75219 Hindi-I DSC-A2 Cr. 4	1/1 75229 Sociology-I DSC-B2 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88371 HINDI- II DSC- A14 Cr. 4
1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4	1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)**

**Specimen
Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 3 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055462 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 3 8 3 7 5 4 6 7**Full Name:** MAHULKAR SWAYAM SANTOSH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MANG**Physical Disability** NOT APPLICABLE**Correspondence Address:**

UCHGAON , KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** swayam.mahulkar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 5 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055463 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 8 8 8 1 7 8 3 5 2**Full Name:** MAJGAONKAR PRATIK AJIT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

E. G. 45/347 MAIN ROAD YADAV NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** pratikamajgaonkar2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 5 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055464 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 5 6 1 8 6 6 4 3 8**Full Name:** MALI SOURABH VIKAS**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MALI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MADHAVNAGAR ,KANERIWADI, KOLHAPUR

City KANERIWADI**PIN Code:** 416234**Email ID:** sourabhmali9604@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 6 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055470 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 1 1 6 2 6 6 3 0**Full Name:** MANE AKHIL TANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANE MALA , SARNOBATWADI , KOLHAPUR

City SARNOBATWADI**PIN Code:** 416004**Email ID:** maneakhil9@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 9 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055473 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 7 7 7 7 9 8 9**Full Name:** MANE KUNAL CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** NHAVI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

978 ' B ' WARD RAVIVAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** kunal2408@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 0 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055475 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 1 5 6 7 2 1 4 8 5**Full Name:** MANE MANISH MAHESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PL. MO. 16/304 VASUDEV NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** manishmane2005@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 1 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055479 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 8 1 2 4 2 0 0**Full Name:** MANE SOURABH YUVRAJ**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PRAYAG CHIKHALI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416229**Email ID:** sourabhmane13334@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 1 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055480 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 5 9 1 5 4 1 4 6**Full Name:** MANE VINAYAK SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P APPACHIWADI ,NIPANI,BELAGAUM

City BELGAUM**PIN Code:** 591241**Email ID:** vinayakmane898@gmsil.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 1 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055483 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 1 9 9 7 7 3 6**Full Name:** MITHARI RUSHIKESH SANTOSH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 1 NAVAJEVAN COLONY ,PACHGOAN ,KOLHAPUR

City PACHGOAN**PIN Code:** 416013**Email ID:** rushikeshmithari07@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 9 9 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055484 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 7 5 4 8 4 2 0 5**Full Name:** MOMIN JISHAN MAHAMAD ISAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEHRUNAGAR

City KOLHAPUR**PIN Code:** 416012**Email ID:** jishanmmomin@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 1 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058631 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 9 8 3 2 9 0 8 5 0**Full Name:** MOMIN MOHAMMADALI SAMEER**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

289/2 JAWAHAR NAGAR , CHOWK , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** mominmohammadali17@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 2 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055485 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 8 6 6 5 8 6 7 1**Full Name:** MORE DARSHAN SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

VITTHALAI COLONY MANER MAL UCHGOAN , KOLHAPUR

City UCHGOAN**PIN Code:** 416005**Email ID:** darshanmore191@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 2 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055487 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 6 7 8 6 2 0 9 1**Full Name:** MUJAWAR SHAHID SALIM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HUNKAR COLONY , MANER MALA, UCHGOAN , KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** shahidsmujawar2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75219 Hindi-I DSC-A2 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 1 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058634 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 6 1 1 2 5 3 2 5**Full Name:** MULLA MOHAMMADTUFEL MOHASIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

29/6 B WARD ,BLIAJI CHOWK ,JAWHAR NAGAR ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** mohammadtufelmulla2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 3 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055488 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 1 1 0 1 3 7 6**Full Name:** MULLANI IBRAHIM ABDULRAHAMAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** KASAI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

596 C WARD AZAD GALLI, SHIVAJI ROAD, KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** ibrahimamullani2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 8 0 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055492 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 0 7 8 0 9 2 2 6**Full Name:** NADAF SADDAMHUSAIN MOHIDDINSAB**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAWAHAR NAGAR , ICHALKARANJI , HATKANANGALE , KOLHAPUR

City ICHALKARANJI**PIN Code:** 416115**Email ID:** saddamn076@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 8 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058641 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 1 0 7 6 0 7 5 2**Full Name:** NAGNURE TOUFIK NISAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

JAMDAR COLONY , JAWAHAR NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416001**Email ID:** nagnuretoufik@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 8 2 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055495 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 2 6 9 1 3 3 9**Full Name:** NALAVADE RAHUL ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJARAMPURI 14 GALLI E WARD 1382 DATTWAD KARGALI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** rahulanalavade2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75228 History - I DSC-B1 Cr. 4
1/1 75231 Political Science - I DSC-B4 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88380 HISTORY II DSC-B15 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 8 3 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055497 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 5 9 4 9 1 3 5 9**Full Name:** NALAWADE SHUBHAM MARUTI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SUDARSHAN HOUSING SOCIETY TEMBLAIWADI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** shubhamnalawade365@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 8 9 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055499 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 3 2 1 2 9 7 7 1**Full Name:** NAYAKWADI NIHAL SHAKIL**Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

TEMBALAIWADI ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416001**Email ID:** nihalsnayakwadi2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 0 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055502 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 9 9 9 9 2 3 6 5**Full Name:** NIKAM AMOL MOHAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AT VABHAVE ,VAIBHAVWADI ,GOPAL NAGAR ,SHINDHUDURG

City VAIBHAVWADI**PIN Code:** 416810**Email ID:** amolmnikam2000@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 1 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058653 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 4 2 1 7 0 6 6 9 7**Full Name:** NIKAM PRANAV RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2193 C WARD , NIKAM GALLI, BUDHWAR PETH, KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** pranavrnkam2003@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 1 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055504 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 5 8 4 5 4 1 4 2**Full Name:** NIMBALKAR NEEL NITIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1964 E WARD RAJARAMPURI 10 TH LANE , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** neelnimbalkar00@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR

Sir,I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058656 **College:** Gopal Krishna Ghokhale College,Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 7 5 6 6 6 6 2 0 2**Full Name:** OTARI AKSHAY ANAND**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1354 D WARD GUNJUTE COLONY ,LAXTIRTH VASHAT,KOLHAPUR

City KOLHAPUR**PIN Code:** 416010**Email ID:** akshayotari577@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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Form No. : **4 3 4 5 1 3 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055506 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 0 2 2 6 8 8 6 1**Full Name:** PANDIT RAHUL SUKHADEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TIWLE GALLI KALMBA , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** panditrahul345678@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 4 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055507 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 6 6 3 2 8 3 4**Full Name:** PARDE SIDDHESH SACHIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD MANAGALWAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** siddeshsparade2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 4 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055508 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 5 9 2 3 2 7 2 5**Full Name:** PARIK JAYADIP RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GANESH COLONY , MANER MALI , UCHGAON , KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** jayadeeparik0007@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 9 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058662 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 9 9 2 2 9 5 3 4**Full Name:** PARSE VAIBHAV RAVINDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Holar**Physical Disability** NOT APPLICABLE**Correspondence Address:**

G.S.NO -878 C WARD SUBHASH ROAD ,LAXMIPURI RAVIWAR PETH,KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** ravindravparse2002@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 4 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055509 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 4 9 9 4 7 6 7 9 5**Full Name:** PATANKAR ROHAN RUPESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 124,125 KRUSHNA KRUSHNAI COLONY ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** rohanpatankar09@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 6 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055512 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 3 0 9 2 4 6 5 3**Full Name:** PATIL ABHISHEK BHARAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TIWLE GALLI KALMBA , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** abhishekbharatpatil@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 3 6 1 5 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058664 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 7 4 6 7 9 4 8**Full Name:** PATIL AKASH BABURAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAIN ROAD GOKUL SHIRGAON , KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** akashpatil5341@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 2 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058668 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 2 9 9 7 8 0 0 3**Full Name:** PATIL DHAIRYASHIL SARJERAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CHOUGALE GALLLI, NIGAVE DUMALA, KOLHAPUR

City NIGAVE**PIN Code:** 416229**Email ID:** dhairyashilspatil2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4	1/1 75216 Marathi-I DSC-A1 Cr. 4
1/1 75228 History - I DSC-B1 Cr. 4	1/1 75230 Economics -I DSC-B3 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 8 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055521 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 1 7 1 3 7 3 5**Full Name:** PATIL KEDAR MAHADEV**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

301 ,shete galli, hunman chowk ,sangaon ,kasaba sangaon ,kagal

City KAGAL**PIN Code:** 416216**Email ID:** kedarmpatil2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 8 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055522 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 5 9 2 7 1 4 0**Full Name:** PATIL MANGESH VASANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GOKUL SHIRGAON, KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** mangeshptil75@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 8 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055525 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 9 7 2 0 0 4 8 1 0**Full Name:** PATIL NIKHIL UMESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

9TH LANE RAJARAMPURI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416004**Email ID:** nikhilpatil46795@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 9 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055527 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 5 3 5 8 5 2**Full Name:** PATIL OMKAR RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MASOBA MALWADI ,GOKUL SHIRGAON ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** patilomkar16112002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 0 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055530 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 6 8 9 2 9 5 2 2**Full Name:** PATIL PRANAV SUDHIR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 4 893 A DATTA COLONY , KALAMBA , KOLHAPUR

City KALAMBA**PIN Code:** 416007**Email ID:** pranavpatil2570@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 0 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 202305531 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 8 1 2 9 4 9 9**Full Name:** PATIL PRATIK DATTATRAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KALAMAMWADI VASAHAAT

City KAGAL**PIN Code:** 416216**Email ID:** pratikdpatil2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 1 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058670 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 0 9 1 6 2 6 7**Full Name:** PATIL PRATIK SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 71 SWATARY SAINIK, KOLHAPUR

City KOLHAPUR**PIN Code:** 416004**Email ID:** pratikpatil2816@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 2 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055532 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 8 3 6 7 2 8 7**Full Name:** PATIL SAIRAJ SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 86 BALAVANUT NAGAR , FULEWADI RING ROAD , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** sairajspatil2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 3 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055533 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 7 8 0 5 7 2 5 7**Full Name:** PATIL SANSKAR DEEPAK**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PACHGAON JAGTAP NAGAR

City KOLHAPUR**PIN Code:** 416007**Email ID:** patilsanskar748@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 6 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055535 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 6 7 9 0 3 1 0 9**Full Name:** PATIL SATEJ SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

712, 1/3A WARD, SAMBHAJI NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** satejspatil2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 7 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055539 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 4 4 0 8 4 3 0 0**Full Name:** PATIL SUJIT ISHWARA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PATIL GALLI, EKONDI ,KAGAL

City KOLHAPUR**PIN Code:** 416232**Email ID:** sujitpatil54895@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 8 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055540 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 4 5 6 6 8 0 1 8**Full Name:** PATIL SUMIT SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NEAR HANUMAN TEMPLE ,KANDAL GOAN ,KOLHAPUR

City KANDAL GAON**PIN Code:** 416013**Email ID:** sumya8018@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 2 8 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055542 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 2 9 6 1 8 3 2**Full Name:** PATIL VEDANT PRAVIN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

2829 B WARD MAHALAXMI NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** vp1236771@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 8 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058673 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 9 6 6 2 9 5 0 8**Full Name:** PATIL VINAYAK YASHWANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANERI MADLAMAL

City KOLHAPUR**PIN Code:** 416234**Email ID:** patilaniket534@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 5 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055544 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 5 3 0 4 4 0 1**Full Name:** PATIL YASH BHARAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

pachgaon

City kolhapur**PIN Code:** 416013**Email ID:** yash141004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 3 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055548 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 9 7 5 3 6 9 4 4 2**Full Name:** PAWAR PRATHAMESH ASHOK**Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

PLOT NO 32 MORE MANE NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** prathameshapawar2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 0 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058676 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 5 6 5 3 7 0**Full Name:** POL YASHRAJ ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHOR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TAMGAON , GANESH NAGAR

City TAMGAON**PIN Code:** 416222**Email ID:** yashrajapol2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 4 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055555 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 2 7 7 9 4 4 6 5**Full Name:** POWAR ANURAG ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

705 'A' WARD SHIVAJI PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** anuragpowar8574@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 4 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055559 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 6 1 8 7 4 2 6**Full Name:** POWAR ASHISH SUNIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

A/P NAGAON , KOLHAPUR

City NAGAON**PIN Code:** 416122**Email ID:** ashishpowar2156@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 4 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055561 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 7 0 0 7 8 2 2**Full Name:** POWAR PRANAV PARASHRAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PAWAR MALA , GANDHINAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416119**Email ID:** powarpranav23@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 5 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055563 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 2 1 4 9 0 4 8 9**Full Name:** POWAR ROHAN RAVINDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1835 B WARD MANAGALWAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** rohanpowar7744@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 5 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055566 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 3 4 0 9 9 3 0 0**Full Name:** POWAR SHARAD JITENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DOULAT NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** sharadpowar2421@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 0 9 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055570 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 2 5 6 9 2 9 1 9 1**Full Name:** POWAR VIVEK CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHAHUWADI ,SAVARDE

City SAVARDE**PIN Code:** 416205**Email ID:** vivekcpowar2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 3 2 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055572 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 9 9 5 2 5 3 0 0**Full Name:** PUNDIKAR OMKAR KUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KANDALGOAN MANDAP GALLI, KOLHAPUR

City KANDALGOAN**PIN Code:** 416013**Email ID:** omkarpundikar441@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 1 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055575 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 3 0 3 7 2 2**Full Name:** RAJPUT GANDHARV ARVIND**Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** HINDU **Cast:** KANJARBHAT **Physical Disability** NOT APPLICABLE

Correspondence Address:

YASHWANTRAO NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416004**Email ID:** gandharvrajput74@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 5 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055576 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 5 6 7 0 6 3 5 4****Full Name:** **RANAGE GANESH VITTHAL****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DHANGAR GALLI , NAGAON , KOLHAPUR

City NAGAON**PIN Code:** 416207**Email ID:** ranageganesh11@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 1 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058681 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 3 6 3 8 9 1 1**Full Name:** RANAGE SWAPNIL BIRU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DHANGAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NAGAON , KOLHAPUR

City NAGAON**PIN Code:** 416012**Email ID:** swapnilranage8@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 5 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055577 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 2 2 4 9 8 4 3 3**Full Name:** RATHOD OMKAR HIRAMANI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** LAMANI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

MANGESHWAR COLONY , UCHGAON , KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** omiff09@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 5 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055579 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 9 2 2 8 2 9 5**Full Name:** SAH MANISH HARIKISAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DHANGAR GALLI , TAMGAON , KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** manishhsah2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 6 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055580 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 9 9 9 2 4 6 4 9**Full Name:** SALAVI KARAN JAYWANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

DATTA COLONY ,KANERI ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416234**Email ID:** karansalavi05052002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75220 English-I DSC-A3 Cr. 4	1/1 75229 Sociology-I DSC-B2 Cr. 4
1/1 75230 Economics -I DSC-B3 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88372 ENGLISH - II DSC-A15 Cr. 4
1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 6 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055582 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 2 2 3 1 2 9 0 1**Full Name:** SALOKHE RAHUL DHONDIRAM**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GIRGOAN ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** rahuldsalokhe1998@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 6 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055584 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 9 0 3 0 4 1 6 8**Full Name:** SANGALE UDDHAV CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAPSHI ROAD ,SANGALEWADI ,KAPSHI

City KOLHAPUR**PIN Code:** 416218**Email ID:** sangleudhav9@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 6 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055585 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 4 5 7 3 1 3**Full Name:** SANKPAL VAIBHAV VIJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

EG 52/49 DAWULAT NAGAR , RAJARAMPURI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** vijay.sankpal9363@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 6 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055590 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 1 0 4 6 3 3 3 0**Full Name:** SATPUTE ANURAG GAJANAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 99 B WARD , BALU MAMA GALLI , SUBHASH NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** satputeanurag27@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 7 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055592 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 1 2 6 9 6 4 8 2**Full Name:** SATPUTE SATYAJEET ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** CHAMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KATYAYNI COMPLEX , KALAMBA ROAD , KOLHAPUR

City KALAMABA**PIN Code:** 416007**Email ID:** satyajeetasatpute2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 0 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058685 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 9 7 2 0 0 6 5 8 0**Full Name:** SATPUTE VIJAYKUMAR DAGADU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

623 B JAWAHAR NAGAR, KOLHAPUR

City CHOKAK**PIN Code:** 416012**Email ID:** satputevijay960@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 7 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055593 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 5 6 6 6 6 3 6 3**Full Name:** SAWANT CHETAN NARAYAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJYAPADHE NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** chetannsawant2001@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 8 0 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055594 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 0 9 0 4 7 4 7 5**Full Name:** SAWANT DEVENDRA KUMAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

CH.SHIVAJI CHOWK ,GADMUDSHINGI ,KOLHAPUR

City GADMUDSHINGI**PIN Code:** 416119**Email ID:** devendraksawant2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 8 5 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055596 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 3 7 4 0 3 6 0 0**Full Name:** SAWANT RITESH VIJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

865 A WARD SHIVAJI PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** riteshsawant3600@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 6 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058687 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 3 7 8 8 6 3 0 5 6**Full Name:** SAYYAD SHAHANA VAJ GOUS**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

136, MAHADA COLONY , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** shamusayyad2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 8 9 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055600 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 5 7 9 2 1 4 6 9**Full Name:** SHAIKH ANIS NAUSHAD**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1308 E WARD MSEB BOARD PANJARPOL, KOLHAPUR

City PANJARPOL**PIN Code:** 416008**Email ID:** anisnshaikh2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 9 0 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055601 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 0 7 5 6 3 2 3 4**Full Name:** SHAIKH ANJAR IMRAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** MUSLIM**Cast:** MUSLIM**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PRAGTI NAGAR ,PACHAGAON ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** anjarishaikh2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 6 5 4 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023061400 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 9 7 9 8 8 0 0 9**Full Name:** SHAIKH MASOOF NISAR**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

new shahupuri 308

City kolhapur**PIN Code:** 416001**Email ID:** masoodshaikh2706@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 9 4 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055613 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 6 5 6 2 8 9 1**Full Name:** SHINDE SAURABH DATTATRAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

KAGALE MALI , GOKUL SHIRGAON

City GOKUL SHIRGAON**PIN Code:** 416234**Email ID:** shindesourabh8806@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 2 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058695 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 8 3 3 9 1 3 1 1**Full Name:** SHINDE YASH TANAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GURAV GALLI, ISPURLI, KOLHAPUR

City ISPURLI**PIN Code:** 416207**Email ID:** shindeyash4545@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 9 8 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055615 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 1 8 3 3 6 3 6**Full Name:** SHIRKE VINAYAK RAHUL**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** KUMBHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

fulewadi ring road ,kolhapur

City KOLHAPUR**PIN Code:** 416010**Email ID:** parthshirke1982@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 9 9 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055616 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 5 6 3 6 2 3 3**Full Name:** SONATAKKE ADITYA SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DOMBARI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1327 E WARD , DOMBARVADA , YADAV NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** adityassonatakke2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 9 8 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055618 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 2 1 8 5 9 3 9 3**Full Name:** SONTAKKE HARSHWARDHAN RAJENDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** DOMBARI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

YADAV NAGAR MAIN ROAD , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** harshsontakke2@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 2 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055620 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 3 0 8 7 0 1 2 5**Full Name:** SURAVSHE OM RAMESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAJENDRA NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** omsuravse9@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75219 Hindi-I DSC-A2 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 3 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055622 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 7 5 1 9 1 6 1 0**Full Name:** SURYAVANSHI VRUSHABH SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** JAIN**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RAMKRUSHNNA NAGAR ,KARNUR,KAGAL.

City KAGAL**PIN Code:** 416216**Email ID:** vrushabhsuryavanshi1234@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 7 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058703 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 3 7 5 3 7 8 4 0**Full Name:** SUTAR PRATHAMESH BHARAT**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SUTAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AJAGEKAR BOL ,CHIMANE ,AJARA

City CHIMANE**PIN Code:** 416220**Email ID:** sutarprathmesh2000@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 3 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055623 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 3 7 6 2 9 0 6 3**Full Name:** SUTAR RAHUL MOHAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** SUTAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

LAXMIPURI, PUNGAON, RADHANAGARI, KOLHAPUR

City PUNGAON**PIN Code:** 416211**Email ID:** sutarrahul2015@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 5 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055625 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 7 2 6 2 2 7 4 8**Full Name:** TAMBEKAR PRATHAMESH SHIVAJI**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISPURLI , KOLHAPUR

City ISPURLI**PIN Code:** 416207**Email ID:** tambekarprathamesh2748@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.) | 1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC | 1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 5 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055627 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 3 7 5 1 9 2 6**Full Name:** TANDALE ASHISH KHANDERAO**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HANUMAN COLONY , UCHAGAON , KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** tandleashu7@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 5 8 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055629 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 3 0 9 1 6 4 9 3 4**Full Name:** TAVANDE GANESH BALU**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

trimurti nagar

City kaneriwadi**PIN Code:** 416234**Email ID:** ganeshtavande2717@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 6 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055632 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 1 0 1 7 0 7 5**Full Name:** THANEKAR YASH PRAKASH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1ST LANE UJALAWADI , KOLHAPUR

City UJALAWADI**PIN Code:** 416004**Email ID:** yashthanakar839@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75219 Hindi-I DSC-A2 Cr. 4	1/1 75228 History - I DSC-B1 Cr. 4
1/1 75229 Sociology-I DSC-B2 Cr. 4	1/1 75236 Psychology -I DSC-B6 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88371 HINDI- II DSC- A14 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4
1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)**

**Specimen
Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 6 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055637 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 5 1 7 3 6 3 7 4 7**Full Name:** TIKALE AJINKYA ANKUSH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

FLAT NO 219 D WINGS SHARDAVNAR APT MANGALWAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** ajinkyaatikale@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 1 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055642 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 9 8 7 0 9 1 3**Full Name:** VASUDEV OMKAR DILIP**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** GONDHALI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1325/23 E WARD SHIVAJI UDYAMNAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** omkarvasudev662@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 2 8 8 3 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2022012441 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 6 2 0 1 8 4 6 6 4**Full Name:** VASUDEV VAIBHAV UMESH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** JOSHI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

1325/23 E WARD KOLHAPUR

City KOLHAPUR**PIN Code:** 416003**Email ID:** VIJAYVASUDEV310@GMAIL.COM**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88381 SOCIOLOGY II DSC-B16 Cr. 4

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 1 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058709 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 7 1 2 6 1 9 6 3****Full Name:** **VHALAR RUSHIKESH RAMESH****Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Holar**Physical Disability** NOT APPLICABLE**Correspondence Address:**

705 A WARD SHIVAJI PETH, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** rashii1900@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 2 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055643 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 2 5 1 2 5 8 8 0**Full Name:** YADAV RUTURAJ RAGHUNATH**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HOUSE NO 5194 MANER MALA , UCHGAON , KOLHAPUR

City UCHGAON**PIN Code:** 416005**Email ID:** ruturajyadav27@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 2 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055644 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 3 0 7 3 6 8 4 1 2****Full Name:** **YADAV TANMAY JITENDRA****Write Name in Devanagari (Marathi):** _____

Gender: Male **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

44 B WARD SUBHASH NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** ty8111802@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88380 HISTORY II DSC-B15 Cr. 4
1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 2 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055645 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 0 0 1 8 9 8 9**Full Name:** ZAMBRE SARVESH MOHAN**Write Name in Devanagari (Marathi):** _____**Gender:** Male**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

444 PLOT NO 77 MARATHA CHOUK

City KOLHAPUR**PIN Code:** 416119**Email ID:** sarveshmzambre2002@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75228 History - I DSC-B1 Cr. 4
1/1 75230 Economics -I DSC-B3 Cr. 4	1/1 75231 Political Science - I DSC-B4 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 0 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 202305255 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 5 4 5 5 3 2 1 5 4**Full Name:** ! AWAGHADE SUSHAMA ANNAPPA**Write Name in Devanagari (Marathi):** _____**Gender:** Female **Religion:** HINDU **Cast:** DHANGAR **Physical Disability** NOT APPLICABLE**Correspondence Address:**

LOHAR GALLI, PATTAN KODOLI, KOLHAPUR

City PATTAN KODOLI**PIN Code:** 416202**Email ID:** sushamaawaghade2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75208 Marathi CGE-1 Cr. 4
1/1 75219 Hindi-I DSC-A2 Cr. 4	1/1 75228 History - I DSC-B1 Cr. 4
1/1 75229 Sociology-I DSC-B2 Cr. 4	1/1 75231 Political Science - I DSC-B4 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88371 HINDI- II DSC- A14 Cr. 4
1/2 88380 HISTORY II DSC-B15 Cr. 4	1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 2 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058257 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 2 6 2 9 8 7 8 9 8**Full Name:** ! BHALKAR SNEHAL ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Female **Religion:** HINDU **Cast:** MANG **Physical Disability** NOT APPLICABLE**Correspondence Address:**

BEGHAR VASHAT ,KANDALGAON,KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** snehalabhalkar2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75240 Geography-I DSC-B10 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055366 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 8 8 5 4 5 7 2 1**Full Name:** ! BHOGALE AKANKSHA MARUTI**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

2281 D WARD SHUKRVAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** akankshambhogale2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 1 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055375 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 3 0 2 2 5 2 5 5**Full Name:** ! BHOSALE KASHISH BABASO**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

DINDNERLI, HANBARWADI, KOLHAPUR

City HANBARWADI**PIN Code:** 416207**Email ID:** kashishbbhosale2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88372 ENGLISH - II DSC-A15 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 4 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055389 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 2 4 3 4 3 0**Full Name:** ! CHOUGALE AARATI DATTATRY**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

BALAVADHUT NAGAR , FULEWADI RING ROAD, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** aaratichogule3430@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 3 6 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055393 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 1 4 9 8 3 6 1 6 3**Full Name:** ! CHOUGALE POOJA PRAKASH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** MALI **Physical Disability** NOT APPLICABLE

Correspondence Address:

DALAVI GALLI , ISPURLI, KOLHAPUR

City ISPURLI**PIN Code:** 416207**Email ID:** poojachougale6183@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88382 ECONOMICS II DSC-B17 Cr. 4	1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 4 6 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058370 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 5 0 4 7 6 5 6 5**Full Name:** ! DAWALE PRACHI SHASHIKANT**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** DOMBARI **Physical Disability** NOT APPLICABLE

Correspondence Address:

YADAV NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** prachisdawale2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 6 1 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058372 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 2 4 9 5 4 5 2 2 4**Full Name:** ! DEVAKAR SWARUPA VITTHAL**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

AT POST NERLI , KOLHAPUR

City NERLI**PIN Code:** 416234**Email ID:** swarupavdevakar2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058392 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 7 8 8 0 0 4 1 4 7**Full Name:** ! DHABALE ACHAL RAMESH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

GANDHI CHOWK ,KANDALGAON ,KOLHAPUR

City KANDALGAON**PIN Code:** 416013**Email ID:** achalrdhabale2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION,SHIVAJI UNIVERSITY,KOLHAPUR

Sir,I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058394 **College:** Gopal Krishna Ghokhale College,Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 0 1 0 9 6 8 1 8 1**Full Name:** ! DHANAL GAURI CHANDRAKANT**Write Name in Devanagari (Marathi):** _____**Gender:** Female **Religion:** HINDU **Cast:** MAHAR **Physical Disability** NOT APPLICABLE**Correspondence Address:**

MAHALAXMI GALLI ,KALAMABA,KOLHAPUR

City KALAMBA**PIN Code:** 416007**Email ID:** gauricdhanal2004@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75219 Hindi-I DSC-A2 Cr. 4	1/1 75228 History - I DSC-B1 Cr. 4
1/1 75231 Political Science - I DSC-B4 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88380 HISTORY II DSC-B15 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 3 2 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055402 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 3 4 2 8 4 8 7 5**Full Name:** ! DHANGAR SHITAL SOMANNA**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** DHANGAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

588 NERLI ,KOLHAPUR

City NERLI**PIN Code:** 416234**Email ID:** mayappapujari7@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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SHIVAJI UNIVERSITY, KOLHAPUR
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To,

Form No. : **4 3 4 5 6 6 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058441 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 0 9 0 4 6 0 1 6**Full Name:** ! GADEKAR SANIKA ANIL**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

SHAHU NAGAR ,KAGAL

City KAGAL**PIN Code:** 416216**Email ID:** sanikagadekar09@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058464 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 7 5 5 1 5 1 9 7**Full Name:** ! GARAVE SRUSHTI SANTOSH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** BAGDI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

FLAT NO 290 PRATHBA NAGAR , TARARANI COLONY, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** srushtigarave@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058468 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 6 0 3 7 3 3 6 0**Full Name:** ! GAVADE SAKSHI SAKHARAM**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** DHANGAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

2821 B WARD MANDIK VASAHAAT , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** shubhangigavade81@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75229 Sociology-I DSC-B2 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88371 HINDI- II DSC- A14 Cr. 4
1/2 88372 ENGLISH - II DSC-A15 Cr. 4	1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058479 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 5 5 9 7 8 1 8 8**Full Name:** ! GHARNIYA PAYAL MAHESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** BHANGI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

ISOLATION QTRS ROOM NO6

City KOLHAPUR**PIN Code:** 416012**Email ID:** payalmgharniya2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058511 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 5 7 9 8 0 6 7 7 6**Full Name:** ! GURAV RASIKA RAMCHANDRA**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** GURAV**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PALKAR COLONY ,PACHGAON

City PACHGAON**PIN Code:** 416013**Email ID:** rasikagurav45@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Specimen Signature:			



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Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058537 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 5 8 0 4 8 3 1 7**Full Name:** ! INAMDAR SANIYA AHAMAD**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

574, SONTALI ,RAJPUTWADI ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416229**Email ID:** inamdarsaniya1425@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75208 Marathi CGE-1 Cr. 4
1/1 75219 Hindi-I DSC-A2 Cr. 4	1/1 75229 Sociology-I DSC-B2 Cr. 4
1/1 75231 Political Science - I DSC-B4 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88371 HINDI- II DSC- A14 Cr. 4
1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4	1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 6 1 0 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058559 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 4 5 9 4 1 2 7 4 1**Full Name:** ! JADHAV PRAGATI SHASHIKANT**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

207 W G 588 E WARD

City KOLHAPUR**PIN Code:** 416008**Email ID:** pragatijadhav504@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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Form No. : **4 3 3 2 6 0 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058563 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 2 9 1 9 1 8 2 8**Full Name:** ! JADHAV RUTUJA NAMDEV**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

REVENUE COLANY

City KOLHAPUR**PIN Code:** 416002**Email ID:** sachingaikwad8193@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
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Form No. : **4 3 4 5 7 6 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058591 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 9 9 9 3 3 5 6 5 8**Full Name:** ! JANGALI KAVITA MALLAPPA**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Lingayat**Physical Disability** NOT APPLICABLE**Correspondence Address:**

RS NO -12/1 R.K. NAGAR NEAR MATOSHREE VRVDHASARAM ,PACHGAON ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** kavitajangali@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 8 9 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055409 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 8 4 3 4 4 2 4**Full Name:** ! KADAM SNEHA TANAJI**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

DASARA CHOUK, KANERIWADI, KOLHAPUR

City KANERIWADI**PIN Code:** 416234**Email ID:** snehatkadam2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 6 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055415 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 6 0 9 2 8 8 9 0**Full Name:** ! KAMATE SANIYA SHAKIL**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

PLOT NO 72 B WARD, VARSHA NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** saniyaskamate2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 7 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055421 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 6 3 7 6 9 3 0 1 3**Full Name:** ! KAMBLE NISHIGANDHA BABASO**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** MAHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

KALAMBA TALAV , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** nishigandhabkamble@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 8 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055428 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 2 9 9 3 7 0 1 8**Full Name:** ! KAMBLE RUTUJA ANURAT**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** MAHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

AT POST, PLOT NO 2 SHANTI NAGAR, PANCHGAON, R.K. NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** rutujaakamble2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88372 ENGLISH - II DSC-A15 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 2 9 9 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055429 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** **9 7 6 6 3 6 4 5 2 5****Full Name:** **! KAMBLE SAKSHI BABASO****Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** MANG **Physical Disability** NOT APPLICABLE

Correspondence Address:

4TH LANE , RAJARAMPURI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416008**Email ID:** sbhosale@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75208 Marathi CGE-1 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75219 Hindi-I DSC-A2 Cr. 4
1/1 75236 Psychology -I DSC-B6 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)**

**Specimen
Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 0 0 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055431 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 5 3 0 8 8 7 4 9 1**Full Name:** ! KAMBLE SANIKA KRUSHNAT**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** MAHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

A/P PARKHANDALE, KOLHAPUR

City KOLHAPUR**PIN Code:** 416205**Email ID:** sanikakamble7491@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 0 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055454 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 0 0 0 3 1 0 5**Full Name:** ! LOHAR RUTUJA MARUTI**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** LOHAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

HOME NO 37 KHEBAWADE, KOLHAPUR

City KHEBAWADE**PIN Code:** 416221**Email ID:** rutujalohar2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 7 9 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058624 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 3 0 7 4 3 5 7 0**Full Name:** ! MADAR RIYA SHAKIL**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

kolhapur

City KOLHAPUR**PIN Code:** 416012**Email ID:** shakilrmadar2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 5 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055466 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 1 4 6 8 9 3 4 4 5**Full Name:** ! MANCHARKAR RUTUJA RAMA**Write Name in Devanagari (Marathi):** _____**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE**Correspondence Address:**

684/2 AASHIRWAD TURBAT GALI, KALMABA KOLHAPUR

City KALMABA**PIN Code:** 416003**Email ID:** rutujamancharkar1347@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 6 5 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055468 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 7 5 0 4 5 5 6 7**Full Name:** ! MANDVKAR RIDDHI KIRAN**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 90 MHADA COLONY ,PACHGAV ,KOLHAPUR

City PACHGAV**PIN Code:** 416013**Email ID:** shitalmandvkar8@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 0 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055478 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 0 0 9 4 7 4 1 7**Full Name:** ! MANE SHRAVANI SARDAR**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** MANG **Physical Disability** NOT APPLICABLE

Correspondence Address:

A/P MATANG SAMAJ ,KAGAL

City KAGAL**PIN Code:** 416216**Email ID:** anitoshkoli2087@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4	1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4
1/2 89349 Constitution of India and Local self Government Cr. 2	

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 2 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055486 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 9 1 4 5 0 8 5 0 4 4**Full Name:** ! MORE SAKSHI ASHOK**Write Name in Devanagari (Marathi):** _____**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE**Correspondence Address:**

DASAR CHOWK ,KANERIWADI ,KOLHAPUR

City KANERIWADI**PIN Code:** 416234**Email ID:** sakshiamore2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75220 English-I DSC-A3 Cr. 4	1/1 75229 Sociology-I DSC-B2 Cr. 4
1/1 75230 Economics -I DSC-B3 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88372 ENGLISH - II DSC-A15 Cr. 4
1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 7 4 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055489 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 1 0 7 0 0 3 3 9**Full Name:** ! NADAF JAKIYA RASUL**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

517 E WARD SHIVAJI PARK ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** jakijanadaf6703@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75208 Marathi CGE-1 Cr. 4
1/1 75216 Marathi-I DSC-A1 Cr. 4	1/1 75219 Hindi-I DSC-A2 Cr. 4
1/1 75228 History - I DSC-B1 Cr. 4	1/1 75231 Political Science - I DSC-B4 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88380 HISTORY II DSC-B15 Cr. 4
1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)**

**Specimen
Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 8 2 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055494 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 6 7 9 0 1 9 5 3**Full Name:** ! NAIKAVDE PAWAR YASHIKA SURESHRAO**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

GEETA BUILDING ,HR NO.2638/2 B WARD ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** yashika.naikavde@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 8 3 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055496 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 4 8 3 8 9 8 5 5 8**Full Name:** ! NALAWADE RUDRAKSHI RUSHIKESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** BHOI**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO .21 JUNI MORE COLONY ,SAMBHAJI NAGAR ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** rudrakshirnalawade2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 0 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058646 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 0 9 1 4 2 5 1 3**Full Name:** ! NARVEKAR VAISHALI VILAS**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

TRIMURTI COLONY , SHANT NAGAR, KOLHAPUR

City KOLHAPUR**PIN Code:** 416013**Email ID:** vaishalinarvekar141325@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 8 3 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055498 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 9 7 2 0 6 9 7 1 2**Full Name:** ! NAVALE VAIBHAVI GOVARDHAN**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** PARIT **Physical Disability** NOT APPLICABLE

Correspondence Address:

1211 'c' ward laxmipuri kolhapur

City KOLHAPUR**PIN Code:** 416002**Email ID:** vaibhavi5652@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88372 ENGLISH - II DSC-A15 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 8 9 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055501 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 2 3 7 9 9 0 6 4 4**Full Name:** ! NEJAKAR SNEHA PARASHARAM**Write Name in Devanagari (Marathi):** _____**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE**Correspondence Address:**

SHIVAJI NAGAR ,KAGAL

City KAGAL**PIN Code:** 416216**Email ID:** snehanejkar1805@gmail.com**Study Center:** N.A.**Fees Details:****Total Fee ₹:** 0 (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75228 History - I DSC-B1 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 3 2**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055505 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 7 0 3 0 6 7 4 3 0 3**Full Name:** ! PAKHALI SAYMA AKRAM**Write Name in Devanagari (Marathi):** _____**Gender:** Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD 508 BARAIMAN MOHALLA MANGALWAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** saymaapakhali2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



BHAKTI PANDURANG PATIL
13-12-2019

To,

Form No. : **4 3 4 5 1 7 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055516 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 6 9 8 6 7 8 9 0**Full Name:** ! PATIL BHAKTI PANDURANG**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

199 PATIL GALLI , KEKHALE, KOLHAPUR

City KEKHALE**PIN Code:** 416113**Email ID:** bhaktipatil2003@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88372 ENGLISH - II DSC-A15 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 7 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 202305517 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 3 7 3 1 4 1 8 2 1**Full Name:** ! PATIL HARSHADA SANJAY**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

PLOT NO 9 MAHADA COLONY , KOLHAPUR

City KOLHAPUR**PIN Code:** 416007**Email ID:** harshadaspatil2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75208 Marathi CGE-1 Cr. 4

1/1 75216 Marathi-I DSC-A1 Cr. 4

1/1 75219 Hindi-I DSC-A2 Cr. 4

1/1 75236 Psychology -I DSC-B6 Cr. 4

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 7 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055520 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 3 8 7 6 3 3 1 0 2**Full Name:** ! PATIL KAVITA SHRIPATI**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

NIMBALKAR GALLI ,MANGESHWAR COLONY ,KOLHAPUR

City KOLHAPUR**PIN Code:** 416005**Email ID:** kavitaspatil1989@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75236 Psychology -I DSC-B6 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88368 MARATHI - II DSC-A13 Cr. 4
1/2 88371 HINDI- II DSC- A14 Cr. 4	1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 9 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055528 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 4 1 6 1 0 0**Full Name:** ! PATIL PRACHI PRABHAKAR**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

PLOT NO 212 ,GAJANA MAHARAJ ,SAMBHAJI NAGAR,KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** pp116172@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75230 Economics -I DSC-B3 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 3 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055545 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 9 9 9 4 8 4 3 7 7**Full Name:** ! PAVALE SANIYA SARJERAO**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

A/P HANABARWADI , DINDNERLI, KOLHAPUR

City KOLHAPUR**PIN Code:** 416207**Email ID:** saniyapavale@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 3 4**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055546 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 9 6 0 5 9 4 0 3 6**Full Name:** ! PAWAR MOHINI UDESH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** BURUD **Physical Disability** NOT APPLICABLE

Correspondence Address:

NAVARATAN CHOWK , GADMUDSHINGHI , KOLHAPUR

City GADMUDSHINGHI**PIN Code:** 416119**Email ID:** udesmpawar2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.) | 1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4 | 1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4 | 1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4 | 1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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Form No. : **4 3 4 5 2 8 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055551 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR**Personal Information :****Mobile NO :** 8 8 3 0 6 1 9 5 9 5**Full Name:** ! PAYMAL ANKITA SURESH**Write Name in Devanagari (Marathi):** _____**Gender:** Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE**Correspondence Address:**

2811 B WARD BELBEG , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** paymalankita@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88372 ENGLISH - II DSC-A15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 3 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055553 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 0 3 0 6 0 5 3 2**Full Name:** ! POTADAR SHWETA DIPAK**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** SONAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

MAHALAXMI GALLI , KALAMABA, KOLHAPUR

City KALAMBA**PIN Code:** 416007**Email ID:** sunitapotdar631@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75228 History - I DSC-B1 Cr. 4	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88360 MARATHI CGE-2 Cr. 4	1/2 88371 HINDI- II DSC- A14 Cr. 4
1/2 88372 ENGLISH - II DSC-A15 Cr. 4	1/2 88380 HISTORY II DSC-B15 Cr. 4
1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

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Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 4 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055556 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 1 4 9 3 2 9 7 9 4**Full Name:** ! POWAR ARATI ANIL**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

CHH. SHIVAJI NAGAR ,SHIROLI ,KOLHAPUR

City SHIROLI**PIN Code:** 416122**Email ID:** aratiapowar1992@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 5 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055564 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 7 6 7 0 0 7 8 2 2**Full Name:** ! POWAR SAKSHI PARASHRAM**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

POWAR MALA , GANDHINAGAR , KOLHAPUR

City GANDHINAGAR**PIN Code:** 416119**Email ID:** powarskashi30@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 3 9 5 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055567 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 9 6 2 0 9 5 1 9**Full Name:** ! POWAR SNEHAL RAJU**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

KALAMBA FILTER HOUSE SAMBHAJI NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** snehalrpower2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 0 9 7**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055568 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 5 0 3 9 3 9 9 3 0**Full Name:** ! POWAR VAIBHAVI MANGESH**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** GHISADI **Physical Disability** NOT APPLICABLE

Correspondence Address:

2156 C WARD SOMVAR PETH GHISAD GALLI , MAHARANA PRATAP CHOUK , KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** vaibhupowar90035@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 1 0 1**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055571 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 8 0 6 1 5 6 0 5 1**Full Name:** ! PRABHAVALKAR RADHA ANIL**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** KHATIK **Physical Disability** NOT APPLICABLE

Correspondence Address:

2446 B WARD MANGALWAR PETH , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** radhaaprabhavalkar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4 | 1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/1 75229 Sociology-I DSC-B2 Cr. 4 | 1/1 75231 Political Science - I DSC-B4 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 0 9**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055573 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 0 7 6 1 1 9 7 6**Full Name:** ! PUROHIT KAJAL JAGDISH**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Maratha**Physical Disability** NOT APPLICABLE**Correspondence Address:**

B WARD , MAHALAXMI NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** kajaljurohit2006@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/1 75207 Science Technology & Development CGE-19 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 7 5 8**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055578 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 0 8 7 3 3 9 4 9 4**Full Name:** ! RAUT MANDAKINI SHRIMANT**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** CHAMBHAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

PLOT NO 3 B MANISHA COLONY, NEAR SUBHASH NAGAR , KOLHAPUR

City KOLHAPUR**PIN Code:** 416012**Email ID:** mandakinisraut@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88388 PSYCHOLOGY II DSC-B20 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 8 1 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058690 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 7 2 0 0 4 6 6 8 7**Full Name:** ! SAYYAD SHIRIN GOUS**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

SHIV SHUTRA MANDAL ,SHIRLO,HATKANGLE

City SHIROLI**PIN Code:** 416122**Email ID:** rukaiyachaus210@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4	1/1 75207 Science Technology & Development CGE-19 Cr. 4
1/1 75220 English-I DSC-A3 Cr. 4	1/1 75229 Sociology-I DSC-B2 Cr. 4
1/1 75230 Economics -I DSC-B3 Cr. 4	1/1 75240 Geography-I DSC-B10 Cr. 4
1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.)	1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4
1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC	1/2 88372 ENGLISH - II DSC-A15 Cr. 4
1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4	1/2 88382 ECONOMICS II DSC-B17 Cr. 4
1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4	1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 8 8 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055598 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 6 2 5 0 8 9 5 8 5**Full Name:** ! SHAIKH AASMA FARUK**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

2461 D WARD SHUKARWAR PETH , VIVEKANAND COLLEGE, KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** aasmafshaikh2004@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4 | 1/2 88382 ECONOMICS II DSC-B17 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 9 1 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055602 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 0 9 6 3 8 2 5 2 9**Full Name:** ! SHAIKH SANIYA RAJU**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** MUSLIM **Cast:** MUSLIM **Physical Disability** NOT APPLICABLE

Correspondence Address:

1769 C WARD SHIVAJI CHOWK , SOMWAR PETH , RIKIBDAR GALLI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416002**Email ID:** saniyarshaikh2005@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM I), SEM II)****Subject Details :**

1/1 75205 English Compulsary - AECC1 Cr. 4

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:**Date:****Student's Signature (Please sign strictly in the box shown below)****Principal's Signature & Seal (Please sign in the box shown below)****Specimen Signature:**



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 4 9 2 6**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055605 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 1 1 2 8 6 1 5 3 8**Full Name:** ! SHINDE JAYA KONDBARAO**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** Other**Physical Disability** NOT APPLICABLE**Correspondence Address:**

rajapadyanagar

City hingoli**PIN Code:** 431705**Email ID:** jayakshinde@gmail.com**Study Center:** N.A.**Fees Details:**

Total Fee ₹: 0

(Uni.Fee. 0)

SEM II)**Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88368 MARATHI - II DSC-A13 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



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Form No. : **4 3 4 5 8 1 5**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023058700 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 9 8 2 3 7 9 9 6 7 3**Full Name:** ! SHIRKE VAISHALI RAHUL**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** Maratha **Physical Disability** NOT APPLICABLE

Correspondence Address:

R.S. NO 1042/F2/1 PLOT NO 83, ROW BUNGLOW NO A BALAVADHUT NAGAR , PHULEWADI , KOLHAPUR

City KOLHAPUR**PIN Code:** 416010**Email ID:** vaishalirshirke1982@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88380 HISTORY II DSC-B15 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 0 4 3**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055624 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 7 0 2 8 6 7 1 0 3 0**Full Name:** ! SUTAR SNEHA DATTATRAYA**Write Name in Devanagari (Marathi):** _____

Gender: Female **Religion:** HINDU **Cast:** SUTAR **Physical Disability** NOT APPLICABLE

Correspondence Address:

522/6 RAM GALLI, KALAMBA, KOLHAPUR

City KALAMBA**PIN Code:** 416007**Email ID:** snehasutar1040@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0** (Uni.Fee. 0)**SEM II)****Subject Details :**

1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4 | 1/2 88359 SCIENCE TECHNOLOGY AND DEVELOPMENT CC

1/2 88371 HINDI- II DSC- A14 Cr. 4 | 1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4 | 1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

Declaration: I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or reject.

Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			



SHIVAJI UNIVERSITY, KOLHAPUR
Application Form for **B.A.(C.B.C.S)PART1 SEM2 (NEP2020)**
Examination, March-2024



To,

Form No. : **4 3 4 5 1 1 0**

The DIRECTOR, BOARD OF EXAMINATIONS AND EVALUATION, SHIVAJI UNIVERSITY, KOLHAPUR

Sir, I request the permission to present myself at the B.A.(C.B.C.S)PART1 SEM2 (NEP2020) exam to be held in March-2024 for the papers mentioned below.

PRN: 2023055640 **College:** Gopal Krishna Ghokhale College, Kolhapur. , KOLHAPUR

Personal Information :**Mobile NO :** 8 2 6 1 8 6 3 6 7 6**Full Name:** ! VADAR ASMITA ANIL**Write Name in Devanagari (Marathi):** _____**Gender:** Female**Religion:** HINDU**Cast:** VADAR**Physical Disability** NOT APPLICABLE**Correspondence Address:**

NAVRATAN CHOWK , GADMUDSHINGI , KOLHAPUR

City GADMUDSHINGI**PIN Code:** 416119**Email ID:** asmitavadar@gmail.com**Study Center:** N.A.**Fees Details:**Total Fee ₹: **0**

(Uni.Fee. 0)

SEM I), SEM II)**Subject Details :**

1/1 75245 Democracy Elections & Good Governance-(D.E.G.G.) | 1/2 88357 ENGLISH COMPULSORY AECC-2 Cr. 4

1/2 88360 MARATHI CGE-2 Cr. 4

1/2 88371 HINDI- II DSC- A14 Cr. 4

1/2 88381 SOCIOLOGY II DSC- B16 Cr. 4

1/2 88383 POLITICAL SCIENCE II DSC-B18 Cr. 4

1/2 88391 GEOGRAPHY II DSC-B24 Cr. 4

1/2 89349 Constitution of India and Local self Government Cr. 2

Optional Subjects:

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Place:	Date:	Student's Signature (Please sign strictly in the box shown below)	Principal's Signature & Seal (Please sign in the box shown below)
Specimen Signature:			